

Case Number:	CM15-0190271		
Date Assigned:	10/23/2015	Date of Injury:	10/09/2012
Decision Date:	12/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 62-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 9, 2012. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for Soma. An August 21, 2015 date of service was referenced in the determination. The full text of the UR report was not, it was incidentally noted, attached to the application. The claims administrator's medical evidence log suggested that the most recent note on file was in fact dated July 17, 2015. On said July 17, 2015 office visit, the applicant reported ongoing complaints of knee and ankle pain. Soma and 3 Synvisc injections were sought while the applicant was placed off of work, on total temporary disability. The request for Soma was framed as a renewal request; it was suggested (but not explicitly stated).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retro Soma 350mg #60, DOS: 8/21/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: No, the request for Soma was not medically necessary, medically appropriate, or indicated here. As note on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines establishes a 2- to 3-week limit for carisoprodol usage. Here, thus, the renewal request for 60 tablets of Soma was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.